

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/549370

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	53 minus 20 =	* 33
INDEPENDENT CLAIMS	15 minus 3 =	* 12
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE

OR

RATE

345.00

X\$ 9=

X39=

+130=

TOTAL

OTHER THAN
SMALL ENTITY

OR

RATE

690.00

X\$18=

X78=

+260=

TOTAL

594

936

2220

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 53	Minus	** 53	=
Independent	* 15	Minus	*** 15	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

RATE
ADDITIONAL
FEE

X\$ 9=

X39=

+130=

TOTAL
ADDITIONAL
FEE

OTHER THAN
SMALL ENTITY

OR

RATE
ADDITIONAL
FEE

X\$18=

X78=

+260=

TOTAL
ADDITIONAL
FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE
ADDITIONAL
FEE

X\$ 9=

X39=

+130=

TOTAL
ADDITIONAL
FEE

RATE
ADDITIONAL
FEE

X\$18=

X78=

+260=

TOTAL
ADDITIONAL
FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE
ADDITIONAL
FEE

X\$ 9=

X39=

+130=

TOTAL
ADDITIONAL
FEE

RATE
ADDITIONAL
FEE

X\$18=

X78=

+260=

TOTAL
ADDITIONAL
FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/549370

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Basic Filing Fee	<u>201/101</u>						
Total Claims >20	<u>203/103</u>	<u>53</u>	-20 = <u>33</u>	X	<u>690</u>		<u>690</u>
Independent Claims >3	<u>202/102</u>	<u>15</u>	-3 = <u>12</u>	X	<u>18</u>		<u>594</u>
Multi-Dep Claim Processor	<u>204/104</u>				<u>78</u>		<u>936</u>
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						
<u>TOTAL FEE CALCULATION</u>							<u>2350</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 2350.00

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 2350.00

Heidi J. Del
Office of Initial Patent Examination

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2-15-01

2 Serial/Patent # 09/1549,370

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	4	1/19/01	\$ 130 <u>00</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130 <u>00</u>	
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>50--0220</u>		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <u>unnecessary</u>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>WAN Layman</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>Wan Layman</u>		PHONE: _____		
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Riana Chase</u>		DATE: <u>3/7/01</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B